

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044496

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 133

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 4 1963

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY —	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - MEARMEC		Length of stay in 1b 2 YRS - 18 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY		d. STREET ADDRESS (If outside, give location) 7158 PERSHING	
3. NAME OF DECEASED (Type or print) First BATES Middle B. Last DAVIS		4. DATE OF DEATH Month Nov Day 29 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/17/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY —	
11a. FATHER'S NAME THOMAS J. DAVIS		11b. MOTHER'S MAIDEN NAME NANCY ANN BOHANNON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		17. INFORMANT Address EUREKA, MO 2nd. Co D.S.F. ST. JOSEPH'S HILL INFIRMARY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) arteriosclerotic Cardiovascular disease DUE TO (c) Generalized arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Dietites Mellitus mild		PART III. If deceased was female was there a pregnancy in last 90 days. prostatic hypertrophy	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:45 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11/11/61 to 11/29/63 and last saw ^{her} him alive on 11/26/63 Death occurred at 8:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE P. Hogan (Degree or title)	
22b. ADDRESS 2623 Telegraph Rd St Louis		22c. DATE SIGNED 11/30/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/2/63	23c. NAME OF CEMETERY OR CREMATORY ST Peter Cemetery	23d. LOCATION (City, town, or county) (State) Kirkwood Mo
24. FUNERAL DIRECTOR ADDRESS Bopp Chapel, Kirkwood Mo		25. DATE RECD. BY LOCAL REG. 12/2/63	
26. REGISTRAR'S SIGNATURE Mrs Juanita Schmitt			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DEC 10 1963

DEC 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Wyborn

Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.